



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Corvallis K-12 Schools	Ravalli	0731

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Bethanne Williams

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.6

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

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Elementary School District	Chair, Board of Trustees	Date
High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Corvallis K-12 Schools	Ravalli	0731

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Brad & Jessica Bain

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Corvallis K-12 Schools	Ravalli	0731

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☐ yes ☐ no

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

David & Kathy Molesh

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS .2

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Corvallis K-12 Schools	Ravalli	0731

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ethel Jessop

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS .5

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School _____ times per day, _____ days per week

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High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Irene Craft

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 6.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School _____ times per day, _____ days per week

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Initials
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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Rebecca Kuehn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tonya D. Bumbarger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
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Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

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Address, City, Zip Code	Phone Number



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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Traci Miller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Corvallis K-12 Schools	Ravalli	0731

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Vilate Stoker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7.4

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Corvallis K-12 Schools	Ravalli	0731

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Wendy Ewing

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 9

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 2.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Corvallis K-12 Schools	Ravalli	0731

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Wesley Hull

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Corvallis K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Hamilton K-12 Schools	Ravalli	0735

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Johanna Stuart

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 1

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date
Hamilton K-12 Schools		

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brian Gartner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Franchesqua Drinnen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **17**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jolene Mavros

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kelli Murray

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 31

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 11.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lisa Foley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Darby K-12 Schools	Ravalli	0740

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Terri Fillingham

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Darby K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Lone Rock Elem	Ravalli	0741
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Danell Deschamps

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Lone Rock Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Lone Rock Elem	Ravalli	0741
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Hillary Stokes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Lone Rock Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Lone Rock Elem	Ravalli	0741
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Romona Helmer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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Elementary School District Lone Rock Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number